

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11442**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		Length of stay in 1b	d. STREET ADDRESS <b>4546 SHENANDOAH</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>EDWARD</b> Middle <b>G</b> Last <b>KELLY</b>			4. DATE OF DEATH <b>NOV 27 1957</b> Month Day Year		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 8 1894</b>		9. AGE (In years last birthday) <b>63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DELICATESSEN</b>		11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>	
12a. FATHER'S NAME <b>JAMES KELLY</b>		12b. MOTHER'S MAIDEN NAME <b>HELEN LAHEY</b>		12c. NAME OF HUSBAND OR WIFE <b>LORETTA KELLY</b>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		14. SOCIAL SECURITY NO. <b>492-01-6861</b>		15. INFORMANT Address <b>LORETTA KELLY 4546 SHENANDOAH</b>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>carcinoma of the stomach</b> <b>with metastases</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>with metastases</b> DUE TO (c) <b>with metastases</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Months</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>151X</b>					19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Jan 1955</b>		20f. CITY, TOWN, OR LOCATION <b>11-27-57</b>	
21. I attended the deceased from <b>January 1955</b> to <b>Nov. 27 1957</b> and last saw him alive on <b>November 26 - 1957</b> . Death occurred at <b>11:30 P.M. 430 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>E.A. Minisch</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>35 N. Central Clayton Mo</b>		22c. DATE SIGNED <b>11-29-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>NOV 30 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	
		23d. LOCATION (City, town or county) <b>ST. LOUIS,</b>		(State) <b>MO</b>	
24. FUNERAL DIRECTOR <b>Thomas Kuttis</b>		ADDRESS <b>2906 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 29 57</b>	
26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.C.</b> <b>S.P.</b>					

1-10  
4:30 P.M. Fri  
Pa 7-6729

Must be signed by embalmer

embalmer only

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer  
12-12-11

Signed

*Les J. Biddle*

Licensed Embalmer No.

3989

P. O. Address

*St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.